Case 1-18-46238-ess Doc 1 Filed 10/30/18 Entered 10/30/18 12:01:29

United States Bankruptcy Court Eastern District of New York, Brooklyn Division

| IN RE: | | Case No. | |
|--|---|---|--|
| Sousa, Tairi | | Chapter 7 | |
| | Debtor(s) | · | |
| | VERIFICATION OF CREI | DITOR MATRIX | |
| The above named debtor(s) or attorrect to the best of their knowledge. | • | rify that the attached matrix (list of creditors) is true and | |
| Date: October 25, 2018 | <u>/s/ Tairi Sousa</u> Debtor | | |
| | Joint Debtor | | |
| | /s/ Kevin Zazzera Attorney for Debtor | | |

Capital One Bank (USA) NA PO Box 6492 Carol Stream, IL 60197-6492

Chase/Cardmember Service PO Box 1423 Charlotte, NC 28201-1423

Department Stores National Bank- Macy's PO Box 8061 Mason, OH 45040-8061

Nissan 316 North Franklin St Hempstead, NY 11550

Nissan Motor Acceptance Corp PO Box 742657 Cincinnati, OH 45274-2657

Ocwen Loan servicing PO Box 660264 Dallas, TX 75266-0264

United Collection Bureau Inc PO Box 140310 Toledo, OH 43614-0310 Case 1-18-46238-ess Doc 1 Filed 10/30/18 Entered 10/30/18 12:01:29

B201B (Form 201B) (12/09)

United States Bankruptcy Court Eastern District of New York, Brooklyn Division

| IN RE: | Case No |
|-----------------|---------------------------------|
| Sousa, Tairi | Chapter 7 |
| Debtor(s) | • |
| CERTIFICATION (| OF NOTICE TO CONSUMED DERTOD(S) |

| UNDER § | 342(b) OF THE BANKRUPTCY CODE | |
|--|--|---|
| Certificate of | Non-Attorney] Bankruptcy Petition Preparer | |
| I, the [non-attorney] bankruptcy petition preparer notice, as required by § 342(b) of the Bankruptcy | signing the debtor's petition, hereby certify that I del Code. | ivered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Pet Address: | petition pro the Social in principal, r | parity number (If the bankruptcy eparer is not an individual, state Security number of the officer, esponsible person, or partner of otcy petition preparer.) |
| X | | by 11 U.S.C. § 110.) |
| Signature of Bankruptcy Petition Preparer of offi partner whose Social Security number is provided | | |
| | Certificate of the Debtor | |
| I (We), the debtor(s), affirm that I (we) have rece | ived and read the attached notice, as required by § 34 | 2(b) of the Bankruptcy Code. |
| Sousa, Tairi | X /s/ Tairi Sousa | 10/25/2018 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X | |
| | Signature of Joint Debtor (if an | y) Date |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Date

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| Fill in thi | s information to identi | fy your case: | | | | | | | |
|--|---|----------------------|--|---|--|--|--|--|--|
| Debtor 1 | Tairi Sousa | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| | | | | | | | | | |
| United States Bar | kruptcy Court for the: | EASTERN DISTRI | CT OF NEW YORK, BROOKLYN DIVISION | | | | | | |
| Case number | | | | ☐ Check if this is an amended filing | | | | | |
| | Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7 | | | | | | | | |
| ■ creditors have ■ you have lease You must file this whicheve the form If two married pec and date Be as complete as | If you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). | | | | | | | | |
| Part 1: List Yo | ur Creditors Who Have | e Secured Claims | | | | | | | |
| | | art 1 of Schedule D: | Creditors Who Have Claims Secured by Property (| (Official Form 106D), fill in the | | | | | |
| information bel Identify the cre | ow. ditor and the property t | hat is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | | | | | |
| Creditor's | | | ☐ Surrender the property. | □ No | | | | | |
| name: | | | ☐ Retain the property and redeem it. | LI NO | | | | | |
| | | | ☐ Retain the property and enter into a <i>Reaffirmation</i> | ☐ Yes | | | | | |
| Description of | | | Agreement. | | | | | | |
| property securing debt: | | | ☐ Retain the property and [explain]: | | | | | | |
| | | | | _ | | | | | |
| Creditor's | | | ☐ Surrender the property. | □ No | | | | | |
| name: | | | Retain the property and redeem it. | Yes | | | | | |
| Description of | | | Retain the property and enter into a <i>Reaffirmation Agreement</i> . | i les | | | | | |
| property | | | ☐ Retain the property and [explain]: | | | | | | |
| securing debt: | | | | _ | | | | | |
| One discuss | | | | | | | | | |
| Creditor's name: | | | ☐ Surrender the property. | □ No | | | | | |
| Haille. | | | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a <i>Reaffirmation</i> . | yes □ Yes | | | | | |
| Description of | | | Agreement. | , | | | | | |
| property | | | ☐ Retain the property and [explain]: | | | | | | |
| securing debt: | | | | | | | | | |

Official Form 108

Creditor's

☐ Surrender the property.

☐ No

| Del | btor 1 Sousa, Ta | airi | Case number (if known) | |
|----------|--|--|---|-----------------------------|
| [F | name: Description of property securing debt: | | □ Retain the property and redeem it. □ Retain the property and enter into a <i>Reaffirmation Agreement</i>. □ Retain the property and [explain]: | □ Yes |
| or he | any unexpired persinformation below. | Do not list real estate leases | Leases Use of the Lease of the | |
| Des | scribe your unexpi | red personal property leases | S | Will the lease be assumed? |
| Les | ssor's name: | Nissan | | □ No |
| | scription of leased operty: | 2017 Nissan Rogue leas | se | ■ Yes |
| Pai | rt 3: Sign Below | | | |
| | | ry, I declare that I have indic et to an unexpired lease. | ated my intention about any property of my estate that secu | res a debt and any personal |
| X | /s/ Tairi Sousa | | X | |
| | Tairi Sousa Signature of Debte | or 1 | Signature of Debtor 2 | |
| | Date Octob | er 25, 2018 | Date | |

| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filling |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Tairi First name | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Sousa Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | Tairi Rodriguez | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9275 | |

| Del | btor 1 Sousa, Tairi | | Case number (if known) | | | |
|--|---------------------|---|---|--|--|--|
| | | | | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s) | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 115 Renee PI | If Debtor 2 lives at a different address: | | | |
| | | Staten Island, NY 10314-3324 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Richmond County | County | | | |
| If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. Why you are choosing this district to file for bankruptcy | | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

| Debtor 1 Sousa, Tairi | | | | | Case number (if known) | | | |
|-----------------------|--|---|-----------------------------------|---|---|---|---|---------------------------|
| | | | | | | | | |
| Par | Tell the Court About | our Bankrupt | tcy Cas | se | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | choosing to file under | ■ Chapter 7 | 7 | | | | | |
| | | ☐ Chapter 1 | 11 | | | | | |
| | | ☐ Chapter 1 | 12 | | | | | |
| | | ☐ Chapter 1 | 13 | | | | | |
| 8. | How you will pay the fee | about h | now you attorne | entire fee when I file my parting pay. Typically, if you a y is submitting your paymer dress. | are paying the fee | yourself, you may p | pay with cash, cashier's | check, or money order. |
| | | | | the fee in installments. If | | ption, sign and atta | ach the Application for Ir | ndividuals to Pay The |
| | | I requent not requer your fa | est that juired to mily siz | t my fee be waived (You mo, waive your fee, and may che and you are unable to pay thapter 7 Filing Fee Waived | nay request this op to so only if your in the fee in installm | ncome is less than nents). If you choos | 150% of the official pove se this option, you must | erty line that applies to |
| 9. | Have you filed for bankruptcy within the last 8 years? | | istrict | | When When | | Case number | |
| | | | | | When | | | |
| | | D | istrict | | when | | Case number | |
| 10. | Are any bankruptcy cases | ■ No | | | | | | |
| | pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | D | ebtor | | | | Relationship to you | |
| | | D | istrict | | When | | Case number, if known | |
| | | D | ebtor | | | | Relationship to you | |
| | | D | istrict | | When | | Case number, if known | |
| 11. | | ■ No. | Go to li | ne 12. | | | | |
| | residence? | ☐ Yes. | Has yo | ur landlord obtained an evi | ction judgment ag | ainst you? | | |
| | | | | No. Go to line 12. | | | | |
| | | | | Yes. Fill out <i>Initial Stateme</i> bankruptcy petition. | nt About an Evicti | on Judgment Agaii | nst You (Form 101A) an | d file it as part of this |

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| Deb | tor 1 Sousa, Tairi | | | | Case number (if known) | | |
|--|---|------------|--|---|---|--|--|
| Part | Report About Any Bus | sinesses ` | You Own | as a Sole Proprieto | or | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | | | | | |
| | | ☐ Yes. | iness | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | |
| | If you have more than one sole proprietorship, use a | | Numb | Number, Street, City, State & ZIP Code | | | |
| separate sheet and attach it to this petition. Check the approximately the content of the conte | | | | k the appropriate box | k to describe your business: | | |
| | | | | Health Care Busin | ess (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, foll U.S.C. 1116(1)(B). | | | | small business debtor, you must attach your most recent balance sheet, statement of | | | |
| | For a definition of small | No. | I am r | not filing under Chap | ter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition i Code. | | | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Part | Report if You Own or | Have Any | Hazardo | us Property or Any | Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or | ☐ Yes. | What is | the hazard? | | | |
| | safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

Filed 10/30/18 Entered 10/30/18 12:01:29 Case 1-18-46238-ess Doc 1 Debtor 1 Sousa, Tairi Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a ☐ I received a briefing from an approved credit I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you receive a briefing about Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, if any, if any, that you developed with the agency. that you developed with the agency. credit counseling before you file for bankruptcy. You ☐ I received a briefing from an approved credit I received a briefing from an approved credit must truthfully check one of the following choices. If you counseling agency within the 180 days before I counseling agency within the 180 days before I filed filed this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a certificate cannot do so, you are not certificate of completion. of completion. eligible to file. Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you If you file anyway, the court you MUST file a copy of the certificate and payment MUST file a copy of the certificate and payment plan, if any. can dismiss your case, you plan, if any. will lose whatever filing fee you paid, and your creditors I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling services can begin collection from an approved agency, but was unable to obtain services from an approved agency, but was activities again. unable to obtain those services during the 7 those services during the 7 days after I made my request, and exigent circumstances merit a 30-day days after I made my request, and exigent circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were you filed for bankruptcy, and what exigent circumstances unable to obtain it before you filed for bankruptcy, and required you to file this case. what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied with case. your reasons for not receiving a briefing before you filed for Your case may be dismissed if the court is bankruptcy. dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must file If the court is satisfied with your reasons, you must a certificate from the approved agency, along with a copy of still receive a briefing within 30 days after you file. the payment plan you developed, if any. If you do not do so, You must file a certificate from the approved agency, your case may be dismissed. along with a copy of the payment plan you developed, if any. If you do not do so, your case may be Any extension of the 30-day deadline is granted only for dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about ☐ I am not required to receive a briefing about credit counseling because of: credit counseling because of: П Incapacity. Incapacity. I have a mental illness or a mental deficiency I have a mental illness or a mental deficiency that that makes me incapable of realizing or making makes me incapable of realizing or making rational rational decisions about finances. decisions about finances. Disability. Disability.

My physical disability causes me to be unable

to participate in a briefing in person, by phone,

or through the internet, even after I reasonably

I am currently on active military duty in a

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for

tried to do so.

Active duty.

military combat zone.

waiver credit counseling with the court.

My physical disability causes me to be unable to

the internet, even after I reasonably tried to do so.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing about

credit counseling, you must file a motion for waiver of credit

Active duty.

combat zone.

counseling with the court.

participate in a briefing in person, by phone, or through

| Deb | otor 1 Sousa, Tairi | | | Case numb | er (if known) | | | |
|------|--|--|---|---|--|--|--|--|
| Par | t 6: Answer These Question | ons for Rep | orting Purposes | | | | | |
| 16. | What kind of debts do you have? | | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred be individual primarily for a personal, family, or household purpose." | | | | | |
| | | 1 | □ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | 1 | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you ov | we that are not consumer debts or business | debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | am not filing under Chapter | 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | |
| | administrative expenses are paid that funds will be | | No | | | | | |
| | available for distribution to unsecured creditors? | | □ Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | ☐ 1,000-5,000 | □ 25,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | 5001-10,000 | 50,001-100,000 | | | |
| | | ☐ 100-199 ☐ 200-999 | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you | SO - \$50 | 0,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | | | 01 - \$500,000 01 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$50 | 0,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | 1 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | | | 01 - \$500,000 01 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | | |
| Par | t 7: Sign Below | — \$000,00 | , , , , , , , , , , , , , , , , , , , | | | | | |
| | you | I have exar | nined this petition, and I decla | are under penalty of perjury that the informa | tion provided is true and correct | | | |
| . 0. | you | | • | | , under Chapter 7, 11,12, or 13 of title 11, United | | | |
| | | | | ilable under each chapter, and I choose to p | | | | |
| | | | ey represents me and I did no ned and read the notice requir | | n attorney to help me fill out this document, I | | | |
| | | I request re | elief in accordance with the o | chapter of title 11, United States Code, spe | ecified in this petition. | | | |
| | | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Tairi Sousa | | | | | | |
| | | Tairi Sou Signature | ısa | Signature of Debte | or 2 | | | |
| | | Ü | | - | | | | |
| | | Executed of | October 25, 2018 MM / DD / YYYY | Executed on MI | M / DD / YYYY | | | |

| Debtor 1 Sousa, Tairi | | Case number (if known) | | | |
|---|---|----------------------------|--|--|--|
| | | | | | |
| For your attorney, if you are represented by one | Chapter 7, 11, 12, or 13 of title 11, United States | s Code, and have explained | ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the ce required by 11 U.S.C. § 342(b) and, in a case in | | |
| If you are not represented by an attorney, you do not need to file this page. | | | ry that the information in the schedules filed with the | | |
| | /s/ Kevin Zazzera | Date | October 25, 2018 | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | |
| | Kevin Zazzera | | | | |
| | Printed name | | | | |
| | Kevin B. Zazzera, Esq. | | | | |
| | Firm name | | | | |
| | 182 Rose Ave Ste 3 | | | | |
| | Staten Island, NY 10306-2900 | | | | |
| | Number, Street, City, State & ZIP Code | | | | |
| | Contact phone | Email address | kzazz007@yahoo.com | | |
| | Kevin Zazzera | | | | |
| | Bar number & State | | | | |

| Fill in thi | s information to | identify your cas | e and th | is filing: | | | | |
|--|--|---|--------------|---|----------------------------------|--------------|---------------------|--|
| Debtor 1 | Tairi Sousa | | | | | | | |
| Daluacio | First Name | Midd | le Name | Last Name | | |) | |
| Debtor 2 (Spouse, if filing) | First Name | Midd | le Name | Last Name | | | | |
| United States Bar | nkruptcy Court for | the: EASTERN | DISTRI | CT OF NEW YORK, BROOKL | YN DIVISIOI | N | | |
| Case number _ | | | | | | | | ☐ Check if this is an amended filing |
| Official Fo | rm 106A/E | 3 | | | | | | |
| Schedul | e A/B: P | roperty | | | | | | 12/15 |
| think it fits best. Be information. If more Answer every quest | e as complete and a e space is needed, tion. | accurate as possib attach a separate s | le. If two i | only once. If an asset fits in mo narried people are filing togethe is form. On the top of any additi Estate You Own or Have an Inte | er, both are ec onal pages, v | qually respo | nsible for sup | plying correct |
| 1. Do you own or h | ave any legal or eq | uitable interest in a | any reside | ence, building, land, or similar p | roperty? | | | |
| ☐ No. Go to Part | 2. | | | | | | | |
| Yes. Where is | the property? | | | | | | | |
| 1.1 | | | What | is the property? Check all that app | ly | | | |
| 115 Renes | SS PI if available, or other des | scription | ■ □ | Single-family home Duplex or multi-unit building Condominium or cooperative | | the amount | t of any secured | ims or exemptions. Put d claims on Schedule D: ns Secured by Property. |
| Otatan lala | and NV | 10011 | | Manufactured or mobile home | | Current va | | Current value of the |
| Staten Isla | and NY State | 10314 ZIP Code | . 📙 | Land Investment property | | entire prop | perty? 58,000.00 | portion you own? \$468,000.00 |
| , | | | | Timeshare Other has an interest in the property? | Check one | Describe t | he nature of y | our ownership interest ancy by the entireties, or |
| | | | _ | Debtor 1 only | | Tenancy | y by the En | tirety |
| County | | | . □ | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a | | (see in | structions) | munity property |
| | | | prop | · information you wish to add ab erty identification number: dence | out this item, | , such as lo | cal | |
| | | | 1631 | uence | | | | |
| | | | | our entries from Part 1, inclu | | | ages | \$468,000.00 |
| Part 2: Describe | Your Vehicles | | | | | | | |
| | | | | y vehicles, whether they are edule G: Executory Contracts | | | | cles you own that |
| 3. Cars, vans, tru | icks, tractors, sp | ort utility vehicle | s, motor | cycles | | | | |
| ■ No □ Yes | | | | | | | | |
| ∟ res | | | | | | | | |

Schedule A/B: Property

page 1

Official Form 106A/B

| D | ebtor 1 | Sousa, Tair | i Case number (if known) | |
|-----|--|---------------------------------------|--|--|
| | | | tor homes, ATVs and other recreational vehicles, other vehicles, and accessories motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | |
| | ■ No | | | |
| | ☐ Yes | | | |
| | | | | |
| 5 | | | f the portion you own for all of your entries from Part 2, including any entries for pages Part 2. Write that number here=> | \$0.00 |
| Pa | art 3: De | escribe Your Person | onal and Household Items | |
| | | | legal or equitable interest in any of the following items? | Current value of the |
| | | | | portion you own? Do not deduct secured claims or exemptions. |
| 6. | | old goods and f les: Major applian | furnishings aces, furniture, linens, china, kitchenware | |
| | Yes. | Describe | | |
| | | | furniture | \$1,000.00 |
| | | | | |
| 7. | Electror Example No | <i>les:</i> Televisions a | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music colle Il phones, cameras, media players, games | ctions; electronic devices |
| | _ | Describe | | |
| _ | | | | |
| 8. | | | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or memorabilia, collectibles | baseball card collections; other |
| | | Describe | | |
| 9. | Example No | instruments | nd hobbies egraphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and | kayaks; carpentry tools; musical |
| | ☐ Yes. | Describe | | |
| 10. | . Firearn Examµ ■ No | | s, shotguns, ammunition, and related equipment | |
| | ☐ Yes. | Describe | | |
| 11. | . Clothe Exam _l □ No | | othes, furs, leather coats, designer wear, shoes, accessories | |
| | Yes. | Describe | | |
| | | | clothes | \$300.00 |
| 12. | . Jewelr Examp | | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, | silver |
| | | Describe | | |
| 10 | | | | |
| 13. | Exam _l ■ No | arm animals ples: Dogs, cats, | birds, horses | |
| | ☐ Yes. | Describe | | |
| 14. | . Any ot ■ No | her personal an | d household items you did not already list, including any health aids you did not list | |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1 | Sousa, Tairi | Case number (if known) | |
|---------------------------|--|--|---|
| ☐ Yes. | Give specific information | | |
| | the dollar value of all of your entries from Part 3. Write that number here | 3, including any entries for pages you have attached for | \$1,300.00 |
| Part 4: De | escribe Your Financial Assets | | |
| Do you ov | wn or have any legal or equitable interest in an | y of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | pples: Money you have in your wallet, in your home, i | in a safe deposit box, and on hand when you file your petition | |
| | | cash | \$50.00 |
| Exam _i □ No | its of money ples: Checking, savings, or other financial accounts institutions. If you have multiple accounts wi | s; certificates of deposit; shares in credit unions, brokerage hou ith the same institution, list each. Institution name: | ses, and other similar |
| | 17.1. Checking Accoun | nt checking | \$100.00 |
| 18. Bonds | 17.2. Savings Account | savings | \$1,000.00 |
| <i>Exam</i> ■ No | pples: Bond funds, investment accounts with brokers Institution or issuer na | | |
| 19. Non-p ı | | ted and unincorporated businesses, including an interest i | n an LLC, partnership, and |
| _ | . Give specific information about them | % of ownership: | |
| Negot | nment and corporate bonds and other negotial tiable instruments include personal checks, cashier negotiable instruments are those you cannot transfe | s' checks, promissory notes, and money orders. | |
| | Give specific information about them Issuer name: | | |
| | ment or pension accounts uples: Interests in IRA, ERISA, Keogh, 401(k), 403 | (b), thrift savings accounts, or other pension or profit-sharing p | olans |
| ■ Yes. | List each account separately. Type of account: 401(k) or Similar Plan | Institution name: 401K Fidelity | \$207,000.00 |
| Your s | ity deposits and prepayments share of all unused deposits you have made so that ples: Agreements with landlords, prepaid rent, publ | you may continue service or use from a company ic utilities (electric, gas, water), telecommunications companies | , or others |

☐ Yes. Institution name or individual:

Official Form 106A/B Schedule A/B: Property page 3

| De | ebtor 1 | Sousa, Ta | iri | | Case number (if | known) |
|-----|-----------------------|--|---|-------------------------------------|-------------------------------|---|
| 23. | Annuitie ■ No | es (A contract | for a periodic payment of money t | to you, either for life or for a nu | mber of years) | |
| | ☐ Yes | | Issuer name and description. | | | |
| 24. | | | tion IRA, in an account in a qua), 529A(b), and 529(b)(1). | alified ABLE program, or und | der a qualified state tuitio | on program. |
| | ☐ Yes | | Institution name and description. | Separately file the records of a | any interests.11 U.S.C. § 52 | 21(c): |
| 25. | Trusts, o ■ No | equitable or | future interests in property (oth | ner than anything listed in lii | ne 1), and rights or powe | rs exercisable for your benefit |
| | ☐ Yes. (| Give specific | information about them | | | |
| 26. | | | trademarks, trade secrets, and omain names, websites, proceeds | | greements | |
| | ☐ Yes. (| Give specific | information about them | | | |
| 27. | | | s, and other general intangibles ermits, exclusive licenses, cooper | | or licenses, professional lic | renses |
| | | Give specific | information about them | | | |
| M | oney or p | property owe | d to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refu | ınds owed to | you | | | |
| | ■ No □ Yes. G | Give specific in | nformation about them, including v | whether you already filed the re | turns and the tax years | |
| 29. | Family s Example ■ No | | or lump sum alimony, spousal su | pport, child support, maintena | ance, divorce settlement, p | roperty settlement |
| | ☐ Yes. G | Give specific in | nformation | | | |
| 30. | Example — | les: Unpaid wa | eone owes you ages, disability insurance payment ans you made to someone else | ts, disability benefits, sick pay, | vacation pay, workers' con | npensation, Social Security benefits; |
| | ■ No □ Yes. (| Give specific i | information | | | |
| 31. | Example | s in insurand les: Health, dis | ee policies sability, or life insurance; health sa | avings account (HSA); credit, h | omeowner's, or renter's ins | surance |
| | ■ No □ Yes. N | Name the insu | rance company of each policy and | l list its value. | | |
| | | | Company name: | | Beneficiary: | Surrender or refund value: |
| 32. | If you ar died. | | erty that is due you from some iary of a living trust, expect procee | | or are currently entitled to | receive property because someone has |
| | ■ No □ Yes. (| Give specific i | information | | | |
| 33. | | | parties, whether or not you ha | | demand for payment | |
| | ■ No | es: Accidents | s, employment disputes, insurance | e ciaims, or rights to sue | | |
| | ☐ Yes. I | Describe eac | h claim | | | |

Official Form 106A/B Schedule A/B: Property page 4

| Debt | or 1 Sousa, Tairi | | Case number (if known) | |
|----------------|--|---|-----------------------------------|--------------|
| 34. O | other contingent and unliquidated claims of every na | ture, including counterclaims of | f the debtor and rights to set of | off claims |
| | No | | | |
| | Yes. Describe each claim | | | |
| 35. A | ny financial assets you did not already list | | | |
| | No | | | |
| | Yes. Give specific information | | | |
| | Add the dollar value of all of your entries from Part 4 Part 4. Write that number here | | - | \$208,150.00 |
| Part 5 | 5: Describe Any Business-Related Property You Own or H | lave an Interest In. List any real esta | ate in Part 1. | |
| 37. D o | o you own or have any legal or equitable interest in any bus | siness-related property? | | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| | | | | |
| Part 6 | Describe Any Farm- and Commercial Fishing-Related P If you own or have an interest in farmland, list it in Part 1. | roperty You Own or Have an Interes | st In. | |
| 46. D | o you own or have any legal or equitable interest in | any farm- or commercial fishing | related property? | |
| _ | No. Go to Part 7. | | , . o. a. o a p . o p o y . | |
| | ☐ Yes. Go to line 47. | | | |
| | 2 res. 60 to line 47. | | | |
| Part 7 | Describe All Property You Own or Have an Interest | t in That You Did Not List Above | | |
| 53. D | o you have other property of any kind you did not al | Iready list? | | |
| _ | Examples: Season tickets, country club membership | | | |
| | Yes. Give specific information | | | |
| | | | | |
| 54. | Add the dollar value of all of your entries from Part 7 | 7. Write that number here | | \$0.00 |
| Part 8 | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$468,000.00 |
| | Part 2: Total vehicles, line 5 | \$0.00 | | <u> </u> |
| 57. | Part 3: Total personal and household items, line 15 | \$1,300.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$208,150.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line | 52 \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$209,450.00 | Copy personal property total | \$209,450.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + I | ine 62 | | \$677.450.00 |

Official Form 106A/B Schedule A/B: Property page 5

| | Fill in this | s information to identify | your case: | | | | |
|----------------------------|---|--|--|------------------------------|---|---|--|
| Del | btor 1 | Tairi Sousa | | | | | |
| Dal | htor 2 | First Name | Middle Name | L | ast Name | | |
| | btor 2 ouse if, filing) | First Name | Middle Name | L | ast Name | | |
| Uni | ited States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF NE | EW YO | ORK, BROOKLYN DIVISION | | |
| Ca | se number | | | | | | |
| (if kı | nown) | | | | | ☐ Check if this is an amended filing | |
| Of | ficial Fo | rm 106C | | | | | |
| Sc | chedule | e C: The Pro | perty You Cla | im | as Exempt | 4/16 | |
| propout a | perty you listed | on Schedule A/B: Proper | ty (Official Form 106A/B) as yo | ur sou | irce, list the property that you claim a | oplying correct information. Using the s exempt. If more space is needed, fill s, write your name and case number (if | |
| spe app fund to a | cific dollar am licable statuto ds—may be u | nount as exempt. Alterna ory limit. Some exemption Indicated in dollar amour llar amount and the valu | atively, you may claim the fu ons—such as those for healt at. However, if you claim an o | ıll fair th aid: exemp | s, rights to receive certain benefit | g exempted up to the amount of any s, and tax-exempt retirement under a law that limits the exemption | |
| Pa | rt 1: Identif | y the Property You Clai | m as Exempt | | | | |
| 1. | Which set of | exemptions are you cla | iming? Check one only, even | if you | r spouse is filing with you. | | |
| | ■ You are cla | iming state and federal no | onbankruptcy exemptions. 11 | U.S.C | . § 522(b)(3) | | |
| | ☐ You are cla | iming federal exemptions. | 11 U.S.C. § 522(b)(2) | | | | |
| 2. | For any prop | erty you list on Schedu | le A/B that you claim as exe | mpt, f | ill in the information below. | | |
| | | on of the property and line | | Am | ount of the exemption you claim | Specific laws that allow exemption | |
| | Schedule A/B1 | that lists this property | portion you own Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | | | \$468,000.00 | | | N.Y. Civ. Prac. Law and Rules | |
| | | s PI nd NY, 10314 edule A/B: 1.1 | | • | 100% of fair market value, up to any applicable statutory limit | § 5206(a) | |
| | furniture | edule A/B. 6.1 | \$1,000.00 | | 100% | N.Y. Civ. Prac. Law and Rules § 5205(a)(1) | |
| | Line nom Sch | edule A/D. G. I | | | 100% of fair market value, up to any applicable statutory limit | 3 3203(a)(1) | |
| | furniture | adula A/D C A | \$1,000.00 | | | N.Y. Civ. Prac. Law and Rules | |
| | Line from Scn | edule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | § 5205(a)(5) | |
| | clothes | adula A/D 44 4 | \$300.00 | | | N.Y. Civ. Prac. Law and Rules | |
| | Line from Sch | edule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | § 5205(a)(5) | |
| | cash | | \$50.00 | П | | N.Y. Civ. Prac. Law and Rules | |

Official Form 106C

§ 5205(a)(9)

100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 16.1

| | escription of the property and line on ule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--------------------------|---|--------------------------------------|------|---|---|
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| savin Line fro | gs om Schedule A/B: 17.2 | \$1,000.00 | | | N.Y. Civ. Prac. Law and Rules § 5205(a)(9) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Fidelity | \$207,000.00 | | | N.Y. Ins. Law § 4607 |
| Line ire | om Schedule A/B. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | ou claiming a homestead exemption of to adjustment on 4/01/19 and every 3 y | | | on or after the date of adjustment.) | |
| | o es. Did you acquire the property covered | by the exemption within | 1 21 | 5 days before you filed this case? | |
| | , , , , , , | by the exemption within | , | o days before you filed this case. | |
| | No | | | | |
| |] Yes | | | | |

| Fill in this information t | to ident | tify your case: | | | |
|---|----------|--|---|--|--------------------------|
| Debtor 1 Tairi Sous First Name | sa | Middle Name Last Name | | | |
| Debtor 2 (Spouse if, filing) First Name | | Middle Name Last Name | | | |
| United States Bankruptcy Court f | for the: | EASTERN DISTRICT OF NEW YORK, BRO | OKLYN DIVISION | | |
| Case number | | | | | |
| (if known) | | | | - | if this is an |
| | | | | amend | led filing |
| Official Form 106D | | | | | |
| Schedule D: Credi | tors | Who Have Claims Secure | d by Propert | У | 12/15 |
| | | f two married people are filing together, both are eq i, number the entries, and attach it to this form. On t | | | |
| 1. Do any creditors have claims sec | ured by | your property? | | | |
| \square No. Check this box and su | ubmit th | is form to the court with your other schedules. You | ı have nothing else to re | port on this form. | |
| Yes. Fill in all of the inform | nation b | elow. | | | |
| Part 1: List All Secured Clair | ms | | | | |
| | | nore than one secured claim, list the creditor separately | | Column B | Column C |
| | | a particular claim, list the other creditors in Part 2. As cal order according to the creditor 's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| Nissan Motor | | Describe the property that secures the claim: | \$11,000.00 | \$0.00 | \$11,000.00 |
| Acceptance Corp Creditor's Name | | Describe the property that secures the claim. | <u>Ψ11,000.00</u> | | Ψ11,000.00 |
| | | | | | |
| PO Box 742657 | | As of the date you file, the claim is: Check all that | | | |
| Cincinnati, OH 45274-2657 | | apply. Contingent | | | |
| Number, Street, City, State & Zip Co | ode | ☐ Unliquidated | | | |
| | | Disputed | | | |
| Who owes the debt? Check one. | | Nature of lien. Check all that apply. | d | | |
| Debtor 1 only | | | curea | | |
| Debtor 2 only | | _ | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and an | aothar | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| Check if this claim relates to a | ioniei | ☐ Other (including a right to offset) | | | |
| community debt | | | | | |
| Date debt was incurred | | Last 4 digits of account number 1353 | | | |
| | | | | | |
| 2.2 Ocwen Loan servicing | <u> </u> | Describe the property that secures the claim: | \$321,000.00 | \$468,000.00 | \$0.00 |
| Creditor's Name | | 115 Reness PI, Staten Island, NY | | | |
| | | 10314 | | | |
| | | residence As of the date you file, the claim is: Check all that | | | |
| PO Box 660264 | | apply. | | | |
| Dallas, TX 75266-0264 | | Contingent | | | |
| Number, Street, City, State & Zip Co | ode | Unliquidated | | | |
| Who owes the debt? Check one. | | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | | ☐ An agreement you made (such as mortgage or se | cured | | |
| ■ Debtor 1 only □ Debtor 2 only | | car loan) | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and an | nother | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| Check if this claim relates to a | 1011101 | ☐ Other (including a right to offset) | | | |
| community debt | | | | | |
| Date debt was incurred | | Last A digits of account number EAAA | | | |

Official Form 106D

| Debtor 1 | Tairi Sousa | | | Case number (f know) | |
|--|--------------|-------------|-----------|----------------------|---|
| | First Name | Middle Name | Last Name | _ | |
| | | | | | |
| | | | | | |
| | | | | | |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | | | \$332,000.00 | |
| If this is the last page of your form, add the dollar value totals from all pages. | | | | \$332,000.00 | |
| Write that | number here: | | | \$332,000.00 | l |
| | | | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

| Fill | in this info | rmation to identify you | ır case: | | | | | |
|--|--|---|--|---|--|--|--|---|
| Debtor | · 1 | Tairi Sousa | | | | | | |
| | | First Name | Middle N | ame | Last Name | | <u> </u> | |
| Debtor (Spouse | | First Name | Middle N | ame | Last Name | | | |
| United | States Bar | nkruptcy Court for the: | EASTERN D | DISTRICT OF N | IEW YORK, BRO | OOKLYN DIVIS | SION | |
| Case r | number | | | _ | | | | ☐ Check if this is an amended filing |
| | | <u>106E/F</u> /F: Creditors W | /ho Have | Unsecure | ed Claims | | | 12/15 |
| any exectory Schedul D: Credi the Contractory case nut Part 1: | cutory contr le G: Execut itors Who Hatinuation Pa mber (if kno | racts or unexpired leases ory Contracts and Unexp ave Claims Secured by Pr ge to this page. If you have wn). I of Your PRIORITY Un | that could resu ired Leases (Of operty. If more we no information | Ilt in a claim. Als ficial Form 106G space is needed on to report in a | so list executory on the second of the secon | contracts on Scl any creditors w ou need, fill it ou | nedule A/B: Property ith partially secured out, number the entries | TY claims. List the other party to r (Official Form 106A/B) and on claims that are listed in Schedul- s in the boxes on the left. Attach I pages, write your name and |
| _ | • | rs have priority unsecure | d claims agains | st you? | | | | |
| _ | No. Go to Pa | art 2. | | | | | | |
| | Yes. | | | | | | | |
| Part 2: | List All | of Your NONPRIORIT | Y Unsecured | Claims | | | | |
| | No. You hav | rs have nonpriority unsec | _ | • | vith your other sch | edules. | | |
| - | Yes. | | | | | | | |
| uns | secured claim | | for each claim. | For each claim lis | sted, identify what | type of claim it is | Do not list claims alre | nore than one nonpriority eady included in Part 1. If more out the Continuation Page of Part |
| | | | | | | | | Total claim |
| 4.1 | | One Bank (USA) NA | <u> </u> | Last 4 digits of | account number | 2597 | | \$3,325.00 |
| | Nonpriority | Creditor's Name | | When was the d | lebt incurred? | | | |
| | PO Box | 6492 | | | | - | | |
| | Carol St | ream, IL 60197-649 | 2 | | | | | |
| | Number St | reet City State Zlp Code | | As of the date y | ou file, the claim | is: Check all tha | t apply | |
| | Who incur | red the debt? Check one. | | | | | | |
| | Debtor | 1 only | | ☐ Contingent | | | | |
| | ☐ Debtor | 2 only | | ☐ Unliquidated | | | | |
| | ☐ Debtor | 1 and Debtor 2 only | | ☐ Disputed | | | | |
| | ☐ At least | one of the debtors and and | other | | IORITY unsecure | ed claim: | | |
| | ☐ Check | if this claim is for a comr | munity | ☐ Student loans | S | | | |
| | debt Is the clair | n subject to offset? | | Obligations a report as priority | | aration agreemer | nt or divorce that you d | did not |
| | ■ No | | | ☐ Debts to pens | sion or profit-shari | ng plans, and oth | er similar debts | |
| | ☐ Yes | | | Other. Specif | fy | | | |
| | | | | • | | | | |

Official Form 106 E/F

| Debtor | Sousa, Tairi | Case number (f know) | |
|--------|--|---|-------------|
| 4.2 | Chase/Cardmember Service Nonpriority Creditor's Name | Last 4 digits of account number 0979 | \$3,420.00 |
| | Nonpholity Cleditor's Name | When was the debt incurred? | |
| | PO Box 1423 | | |
| | Charlotte, NC 28201-1423 Number Street City State Zlp Code | As of the date year file the plain in Check all that cank | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | По | |
| | _ | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | | did o a |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that report as priority claims | you aid not |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | | |
| | 163 | Other. Specify | |
| | Department Stores National Bank- | | |
| 4.3 | Macy's | Last 4 digits of account number 1023 | \$3,628.00 |
| | Nonpriority Creditor's Name | | |
| | DO D 0004 | When was the debt incurred? | |
| | PO Box 8061 Mason, OH 45040-8061 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that | you did not |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| | | | |
| 4.4 | United Collection Bureau Inc Nonpriority Creditor's Name | Last 4 digits of account number 2582 | \$4,057.00 |
| | Nonphonty Greator's Name | When was the debt incurred? | |
| | PO Box 140310 | | |
| | Toledo, OH 43614-0310 | As of the date was file the plain in Charles II that such | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | По | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | _ | did o a |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that report as priority claims | you did not |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify collection: Citibank-Home Depot | xxx6861 |
| | □ 169 | Other. Specify Confection. Citibank-Home Deport. | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Debtor 1 Sousa, Tairi | Case number (f know) |
|-----------------------|----------------------|
|-----------------------|----------------------|

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------------------|------------|---|------------|------------|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| | | | | Ť <u> </u> | 0.00 |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6g. 6h. | | 6g. 6h. | · | |
| | Ü | you did not report as priority claims | • | \$ | 0.00 |

Case 1-18-46238-ess Doc 1 Filed 10/30/18 Entered 10/30/18 12:01:29

| Fill in th | Fill in this information to identify your case: | | | | | | | | |
|---------------------|---|--------------------|-----------------------------|--|--|--|--|--|--|
| Debtor 1 | Tairi Sousa | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | |
| Debtor 2 | | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK, BROOKLYN DIVISI | | | | | | |
| Case number | | | | | | | | | |
| (if known) | | | | | | | | | |
| | | | | | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Nissan
316 Nortn Franklin St
Hempstead, NY 11550

State what the contract or lease is for
2017 Nissan Rogue lease

| Fil | I in this information to identif | y vour case: | | | |
|-------------------------------|--|--|-----------------------------|--|--|
| Debtor 1 | Tairi Sousa | y your ouse. | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| | tes Bankruptcy Court for the: | EASTERN DISTRICT C | F NEW YORK, BROOK | LYN DIVISION | |
| | | | | | |
| Case numb | per | | | | Check if this is an amended filing |
| | Form 106H ule H: Your Cod | ebtors | | | 12/15 |
| are filing to and numbe | gether, both are equally resp | onsible for supplying co the left. Attach the Addit | rrect information. If mo | re space is needed, c | e as possible. If two married people opy the Additional Page, fill it out, ditional Pages, write your name and |
| 1. Do y | you have any codebtors? (If y | ou are filing a joint case, d | o not list either spouse as | a codebtor. | |
| ■ No □ Yes | | | | | |
| Califor _ | nia, Idaho, Louisiana, Nevada, | | | | states and territories include Arizona, |
| _ | Go to line 3. Did your spouse, former spouse, | se, or legal equivalent live v | vith you at the time? | | |
| line 2 | again as a codebtor only if th Schedule E/F (Official Form | at person is a guarantor | or cosigner. Make sure | you have listed the c | with you. List the person shown in reditor on Schedule D (Official Forn le E/F, or Schedule G to fill out |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | Name | | | _ ☐ Schedule D, lin☐ Schedule E/F,☐ Schedule G, lir☐ | line |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | Name | | | _ ☐ Schedule D, lin☐ Schedule E/F,☐ Schedule G, lir | line |
| | Number Street City | State | ZIP Code | _ | |

Official Form 106H Software Copyright (c) 2018 CINGroup - www.cincompass.com

| Fill | in this information to identify your cas | se: | | | | | | | | |
|--------------------------|---|--|--|------------------------------|---------------|---------------------|----------------------|---------------------------|-----------------------------|--------------|
| Deb | otor 1 Tairi Sousa | | | | | | | | | |
| | otor 2 | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the: | EASTERN DISTRICT DIVISION | OF NEW YORK, E | BROOKLYN | _ | | | | | |
| | se number Jown) | | - | | | □ An □ As | | d filing | g postpetition o | chapter 13 |
| O | fficial Form 106I | | | | | MN | // / DD/ Y | YYY | | |
| S | chedule I: Your Inco | me | | | | | | | | 12/15 |
| sup _l spoi | s complete and accurate as possiblying correct information. If you ause. If you are separated and your ch a separate sheet to this form. On the Describe Employment | re married and not filin spouse is not filing wit | g jointly, and you h you, do not incl | r spouse is l ude informa | livin tion | g with you about yo | u, includ ur spou | le informa se. If more | ation about you space is ne | our eded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | 1 | Debtor 2 | or non-fi | ling spouse | |
| | If you have more than one job, | Empleyment status | ■ Employed | | | | ☐ Emplo | oyed | | |
| | attach a separate page with information about additional employers. | Employment status | Employment status | | | I | ☐ Not e | mployed | | |
| | | Occupation | ass't marketing | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Sugar Foods | Corp | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 950 3rd Ave New York, N | / 10022-27 | 05 | | | | | |
| | | How long employed th | nere? 30 ye | ears | | | | | | |
| Par | t 2: Give Details About Mont | hlv Income | | | | | _ | | | |
| | mate monthly income as of the dat ss you are separated. | • | ou have nothing to | report for any | line, | , write \$0 i | n the spa | ace. Includ | e your non-filir | ng spouse |
| | u or your non-filing spouse have more ee, attach a separate sheet to this form | | bine the information | for all emplo | yers | for that pe | erson on | the lines b | elow. If you ne | ed more |
| | | | | | | For Debte | or 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, ca | | | 2. | \$_ | 7,6 | 83.87 | \$ | N/A | |
| 3. | Estimate and list monthly overting | me pay. | | 3. | +\$_ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add line | e 2 + line 3. | | 4. | \$ | 7,683 | 3.87 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1 | Sousa, Tairi | _ | Case | number (if known) | | | |
|-----|-------------------------------|---|------------|-------------|--------------------|-------------|---------------|----------|
| | | | | For | Debtor 1 | For Debto | | |
| | Cop | y line 4 here | 4. | \$ | 7,683.87 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 2,227.11 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$_ | 768.39 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$_ | 57.98 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 3,053.48 | \$ | N/A | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 4,630.39 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ <u> </u> | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | · — | | Φ. | | |
| | 0.1 | settlement, and property settlement. | 8c. | \$_ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation Social Security | 8d. 8e. | \$_ \$ | 0.00 | \$ | N/A | |
| | 8e. 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$_ \$ | 0.00 | \$ | N/A N/A | |
| | 8g. | Pension or retirement income | — 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A |] |
| 10 | Cald | sulate monthly income. Add line 7 L line 0 | 10. \$ | | 4,630.39 + \$ | N/A | = \$ | 4 620 20 |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 4,630.39 | IN/ F | <u>\</u> | 4,630.39 |
| 11. | Stat Inclu othe Do r | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not available. | ependen | | | | - + \$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The result is that amount on the Summary of Schedules and Statistical Summary of Certain | | | , | 40 | \$ | 4,630.39 |
| | v V i i l | e that amount on thousanimary or concludes and statistical summary of Certain | LIGOIIII | o anu | Noidiod Data, II I | гаррііво 1- | Combine | |
| 13. | Do y | you expect an increase or decrease within the year after you file this form? No. | ? | | | | monthly | income |

Schedule I: Your Income

page 2

Official Form 106I

| Fill | in this information to identify you | ır case: | | | | |
|------------|--|--|---|-------------|--------------------------------------|-------------------------------|
| Deb | tor 1 Tairi Sousa | | | Che | ck if this is: | |
| | <u> </u> | | _ | | An amended filing | |
| | tor 2 buse, if filing) | | | | A supplement show expenses as of the | ring postpetition chapter 13 |
| (Spt | ouse, ii iiiiiig) | | | | expenses as or the | Tollowing date. |
| Unit | ed States Bankruptcy Court for the: | EASTERN DISTRICT OF NEW YO BROOKLYN DIVISION | PRK, | | MM / DD / YYYY | |
| Cas | e number | | | | | |
| (If kı | nown) | | | | | |
| Of | fficial Form 106J | | | | | |
| So | chedule J: Your E | xpenses | | | | 12/1 |
| Be info | as complete and accurate as p | ossible. If two married people are to ded, attach another sheet to this fo | | | | |
| Par 1. | t 1: Describe Your Househ Is this a joint case? | old | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in | a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must | file Official Form 106J-2, Expenses for | or Separate Househo | oldof Debto | or 2. | |
| 2. | Do you have dependents? | □No | | | | |
| | Do not list Debtor 1 and Debtor 2. | ■ Yes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | □ No |
| | dependents names. | | Mom | | 84 | Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes ☐ No |
| | | | | | | ☐ Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes |
| 3. | Do your expenses include | ■ No | | | | |
| | expenses of people other that yourself and your dependent | | | | | |
| | | | | | | |
| Est exp | | g Monthly Expenses ur bankruptcy filing date unless younkruptcy is filed. If this is a supple | | | | |
| | | on-cash government assistance if y | | | | |
| | ue of such assistance and have ficial Form 106l.) | e included it on Schedule I: Your Ir | ncome | | Your exp | enses |
| 4. | The rental or home ownershi payments and any rent for the g | ip expenses for your residence. Inc ground or lot. | lude first mortgage | 4. | \$ | 1,766.35 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, o | or renter's insurance | | 4b. | | 0.00 |
| | | air, and upkeep expenses | | 4c. | | 0.00 |
| _ | 4d. Homeowner's associatio | | | 4d. | | 0.00 |
| 5. | Additional mortgage paymen | nts for your residence, such as hom | e equity loans | 5. | \$ | 0.00 |

| Deb | tor 1 | Sousa, Tairi Ca | ase num | ber (if known) | |
|-----|--------|---|--------------|----------------|---------------------------------|
| 6. | Utilit | es: | | | |
| | 6a. | Electricity, heat, natural gas | 6a. | \$ | 450.00 |
| | 6b. | Water, sewer, garbage collection | 6b. | \$ | 125.00 |
| | 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 440.00 |
| | 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food | and housekeeping supplies | - 7. | \$ | 1,000.00 |
| 8. | Child | care and children's education costs | 8. | \$ | 0.00 |
| 9. | Cloth | ing, laundry, and dry cleaning | 9. | \$ | 400.00 |
| 10. | Pers | onal care products and services | 10. | \$ | 150.00 |
| 11. | Medi | cal and dental expenses | 11. | \$ | 250.00 |
| 12. | Tran | sportation. Include gas, maintenance, bus or train fare. | | _ | 000.00 |
| | | ot include car payments. | 12. | | 200.00 |
| | | tainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 100.00 |
| | | itable contributions and religious donations | 14. | \$ | 100.00 |
| 15. | Insu | | | | |
| | | ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance | 15a. | c | 429.00 |
| | | Health insurance | 15a. 15b. | | 128.00 |
| | | Vehicle insurance | | · | 0.00 |
| | | | 15c. 15d. | · | 240.00 |
| 40 | | Other insurance. Specify: | _ 150. | Φ | 0.00 |
| | Spec | · | _ 16. | \$ | 0.00 |
| 17. | | Ilment or lease payments: Car payments for Vehicle 1 | 17a. | \$ | 305.00 |
| | | Car payments for Vehicle 2 | 17b. | | 0.00 |
| | | Other. Specify: | 17c. | · | 0.00 |
| | | Other. Specify: | - 17d. | | 0.00 |
| 10 | | payments of alimony, maintenance, and support that you did not report as | - ''a. | Ψ | 0.00 |
| 10. | | cted from your pay on line 5, Schedule I, Your Income (Official Form 1061). | 18. | \$ | 0.00 |
| 19. | | payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Spec | fy: | 19. | | |
| 20. | | real property expenses not included in lines 4 or 5 of this form or on Schedule | | | |
| | | Mortgages on other property | 20a. | · | 0.00 |
| | | Real estate taxes | 20b. | | 0.00 |
| | 20c. | Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | Homeowner's association or condominium dues | 20e. | | 0.00 |
| 21. | Othe | r: Specify: pet food/vet | 21. | +\$ | 150.00 |
| 22. | Calc | ulate your monthly expenses | | | |
| | 22a. | Add lines 4 through 21. | | \$ | 5,804.35 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 5,804.35 |
| 23. | Calc | ulate your monthly net income. | | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,630.39 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 5,804.35 |
| | 23c. | Subtract your monthly expenses from your monthly income. | 220 | ¢ | -1,173.96 |
| | | The result is your monthly net income. | 23c. | \$ | -1,173.30 |
| 24. | For ex | Du expect an increase or decrease in your expenses within the year after you fil ample, do you expect to finish paying for your car loan within the year or do you expect your mo cation to the terms of your mortgage? | | | crease or decrease because of a |
| | | | | | |
| | ☐ Ye | es. Explain here: | | | |

| Fill in this i | information to identify ye | our case: | | | |
|---------------------------------|----------------------------|--------------------------|------------------------------------|---|---|
| Debtor 1 | Tairi Sousa | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| (Spouse II, IIIIIIg) | Filst Name | wilddie Name | Last Name | | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT C | F NEW YORK, BROOKLYN DIVIS | SION | |
| Cooo number | | | | | |
| Case number (if known) | | | | ☐ Check if this is an | |
| | | | | amended filing | |
| Official For Declara | | an Individua | Debtor's Sched | dules 12/1 | 5 |
| · | | | sible for supplying correct infor | | |
| | | | | a false statement, concealing property, or p to \$250,000, or imprisonment for up to 20 | |
| | 18 U.S.C. §§ 152, 1341, 1 | | | p 10 4-00,000, 01p. 100 | |
| | | | | | |
| | | | | | |
| Sig | gn Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out bankrupto | cy forms? | |
| ■ No | | | | | |
| □ Yes. | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, | |
| | | | | Declaration, and Signature (Official Form 119) | |
| | | | | | |
| Under pena | alty of periury. I declare | that I have read the sum | mary and schedules filed with th | is declaration and | |
| • | re true and correct. | | , | | |
| Y /s/Ts | iri Cauca | | Х | | |
| X /s/ Tairi S | Sousa | | Signature of Debtor 2 | 2 | _ |
| | ure of Debtor 1 | | Signature of Debitor I | - | |
| 3 | | | | | |
| Date | October 25, 2018 | | Date | | |

| | Fill in this information to identify your case: | | |
|---|---|-----------------------|---|
| Debt | | | |
| | First Name Middle Name Last Name | | |
| Debt (Spou | or 2 se if, filing) First Name Middle Name Last Name | | |
| Unite | ed States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION | | |
| | e number | | |
| (if kno | wn) | _ | ck if this is an ended filing |
| | | G | |
| Off | icial Form 106Sum | | |
| | mmary of Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| infori your | s complete and accurate as possible. If two married people are filing together, both are equally responsible for s mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amended original forms, you must fill out a new Summary and check the box at the top of this page. | | |
| Part | 1: Summarize Your Assets | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | \$ | 468,000.00 |
| | Copy line 55, Total real estate, from Schedule A/B D. Copy line 62, Total personal property, from Schedule A/B | | · |
| | | \$ <u> </u> | 209,450.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 677,450.00 |
| Part | 2: Summarize Your Liabilities | | |
| | | | liabilities int you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 332,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e dschedule E/F | | |
| | | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j &*Chedule E/F | \$ \$ | 14,430.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j &*Chedule E/F | · - | |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j &*Chedule E/F Your total liabilities | · - | |
| Part | Your total liabilities | · - | 14,430.00 |
| | Your total liabilities 3: Summarize Your Income and Expenses | · - | 14,430.00 |
| Part 4. | Your total liabilities | · - | 14,430.00 |
| | Your total liabilities 3: Summarize Your Income and Expenses Schedule I: Your Income(Official Form 106I) | \$ \$ | 14,430.00 346,430.00 |
| 4. | Your total liabilities 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 14,430.00 346,430.00 4,630.39 |
| 4. 5. | 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ \$ \$ | 14,430.00 346,430.00 4,630.39 5,804.35 |
| 4.5.Part | Your total liabilities Summarize Your Income and Expenses Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ \$ \$ | 14,430.00 346,430.00 4,630.39 5,804.35 |
| 4.5.Part6. | Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ \$ ner scheo | 14,430.00 346,430.00 4,630.39 5,804.35 |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

court with your other schedules.

Debtor 1 Sousa, Tairi Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

7,683.87

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clain | 1 |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Fill in this | information to ident | ify your case: | | | | |
|------------------------------------|-------------------------------------|---------------------------------|---|---|--|---|--|
| De | btor 1 | Tairi Sousa | | | | | |
| - " | | First Name | Middle Name | Last Name | | | |
| 1 - | btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | |
| ' | | kruptcy Court for the: | | NEW YORK, BROOKLYN D | IVISION | | |
| Jun | neu States Ban | ikrupicy Court for the: | EASTERN DISTRICT OF | NEW TORK, BROOKLIN D | TVISION | | |
| | se number | | | | _ | Check if this is an amended filing | |
| _ | fficial For | | Affairs for Individ | duals Filing for B | ankruptcv | 4/10 | |
| Be a | as complete ar ormation. If mo | nd accurate as possi | ble. If two married people are attach a separate sheet to the | e filing together, both are e | qually responsible for suppl | | |
| Pa | rt 1: Give D | etails About Your Ma | arital Status and Where You | Lived Before | | | |
| 1. | What is your | current marital statu | is? | | | | |
| | ☐ Married ☐ Not marr | ied | | | | | |
| 2. | | | lived anywhere other than w | where you live now? | | | |
| | ■ No □ Yes. List | all of the places you li | ved in the last 3 years. Do not i | nclude where you live now. | | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 there | lived Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | |
| 3. stat | es and territorie | es include Árizona, Ca | ver live with a spouse or legalifornia, Idaho, Louisiana, Nev | ada, New Mexico, Puerto Rio | | | |
| | ⊔ Yes. Mak ——— | ke sure you fill out <i>Sch</i> | edule H: Your Codebtors (Offic | cial Form 106H). | | | |
| Pai | rt 2 Explain | n the Sources of You | r Income | | | | |
| 4. | Fill in the total If you are filing | I amount of income yo | nployment or from operating ou received from all jobs and a nave income that you receive to | II businesses, including part- | time activities. | dar years? | |
| | | | Debtor 1 | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | |
| the date you tiled for hankruntey: | | | ■ Wages, commissions, bonuses, tips | \$69,362.00 | ☐ Wages, commissions, bonuses, tips | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | |
| | r last calendar nuary 1 to Dec | year: cember 31, 2017) | ■ Wages, commissions, bonuses, tips | \$84,573.00 | ☐ Wages, commissions, bonuses, tips | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | |
| Official Form 107 | | | Statement of Financial Affairs for Individuals Filing for Bankruptcy | | | | |

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| Deb | otor 1 Se | ousa, Tairi | <u> </u> | | | | | Case nun | nber (if known) | | |
|-----|---|---|---|---|--|--|---|--|---|---|---|
| | | | | | | | | | | | |
| | | | | Sources of Check all th | | | s income e deductions and sions) | Sc | btor 2 ources of inc eck all that a | | Gross income (before deductions and exclusions) |
| | | dar year be December | | ■ Wages, o | commissions, | | \$80,145.0 | | Wages, com nuses, tips | imissions, | |
| | | | | ☐ Operatin | g a business | | | | Operating a | business | |
| 5. | Include in other publ you are fil | come regard ic benefit pa ing a joint ca | less of wheth yments; pens se and you h | ner that income sions; rental income ave income that | is taxable. Exam ome; interest; div t you received too | ples of or vidends; r gether, lis | | alimony; of from laws der Debto | uits; royalties r 1. | ; and gamb | curity, unemployment, and ling and lottery winnings. If |
| | ■ No □ Yes. | Fill in the de | etails. | | | | | | | | |
| | | | | Debtor 1 | | | | De | btor 2 | | |
| | | | | Sources of Describe bel | | each | s income from source e deductions and sions) | So De | ources of inc escribe below. | | Gross income (before deductions and exclusions) |
| | No. ■ Yes. | Neither De individual puring the No. Yes * Subject | got to line List below creditor. D payments to adjustmen Go to line List below creditor. D payments to adjustmen or Debtor 2 of 90 days befor Go to line List below payments this bankru | Debtor 2 has p papersonal, familiare you filed for 7. each creditor to to not include p to an attorney for at on 4/01/19 and or both have p ore you filed for 7. each creditor to for domestic su uptcy case. | y, or household bankruptcy, did o whom you paid ayments for dor or this bankruptc d every 3 years a rimarily consul bankruptcy, did | a total of nestic su you pay a a total of nestic su y case. after that mer debit you pay a a total of s, such as | \$6,425* or more pport obligations for cases filed or any creditor a total \$600 or more an | e in one or s, such as n or after that of \$600 and the total | more paymes child support the date of ad or more? | nts and the t and alimo justment. paid that co t include pa | total amount you paid that ony. Also, do not include reditor. Do not include ayments to an attorney for |
| | Orcuitor | 3 Name and | a Address | | bates of payme | 110 | paid | | still owe | was tills | s payment for |
| 7. | Insiders in which you business | nclude your ro are an office you operate a | elatives; any e er, director, p | general partners erson in control orietor. 11 U.S.0 | s; relatives of any , or owner of 209 | y general % or more | e of their voting s | rships of ecurities; | which you are and any man | a general paging agen | der? partner; corporations of t, including one for a support and alimony. |
| | Insider's | Name and | Address | | Dates of payme | nt | Total amount | | nount you still owe | Reason | for this payment |
| | | | | | | | | | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an

| Deb | otor 1 | Sousa, Tairi | Case number (if known) | | | | | |
|-----|---|--|---------------------------------------|----------------------|----------------------|----------------------|--------------------------------|--|
| | | | | | | | | |
| | inside Includ | er? le payments on debts guaranteed or cosig | ned by an insider. | | | | | |
| | | No Yes. List all payments to an insider | | | | | | |
| | Insid | ler's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | r this payment ditor's name | |
| Par | t 4: | Identify Legal Actions, Repossession | s, and Foreclosures | | | | | |
| 9. | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | e title e number | Nature of the case | Court or agency | | Status of t | he case | |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. | | | | | | | |
| | | No. Go to line 11. Yes. Fill in the information below. | | | | | | |
| | Creditor Name and Address Des | | Describe the Property | | Date | • | Value of the property | |
| | | | Explain what happened | in what happened | | | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | | | |
| | Cred | litor Name and Address | Describe the action the creditor took | | | action was | Amount | |
| 12. | | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | |
| | _ ` | No | | | | | | |
| Par | | Yes List Certain Gifts and Contributions | | | | | | |
| | | | cv. did vou give any gifts | with a total value o | of more than \$600 |) per person? | | |
| | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | | |
| | | s with a total value of more than \$600 p | er Describe the gifts | | Date the g | es you gave gifts | Value | |
| | Pers Addr | on to Whom You Gave the Gift and ress: | | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? | | | | | | | |
| | | Yes. Fill in the details for each gift or contr | ibution. | | | | | |
| | more Char | s or contributions to charities that tota e than \$600 rity's Name ress (Number, Street, City, State and ZIP Code) | Describe what you | ı contributed | | es you cributed | Value | |
| Do | | List Cortain Lagge | | | | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

| Deb | otor 1 Sousa, Tairi | | Case number (if known) | | | | | |
|-----|--|---|---|--|---------------------------|--|--|--|
| | or gambling? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Describe the property you los how the loss occurred | Includ | ibe any insurance coverage for the I e the amount that insurance has paid. nce claims on line 33 of Schedule A/B: | List pending loss | Value of property lost | | | |
| Par | t 7: List Certain Payments o | r Transfers | | | | | | |
| | consulted about seeking bank Include any attorneys, bankruptc | ruptcy or preparir | d you or anyone else acting on your ng a bankruptcy petition? or credit counseling agencies for service | | perty to anyone you | | | |
| | Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payme | nt, if Not You | Description and value of any prop transferred | Date payment transfer was made | or Amount of payment | | | |
| | Kevin B. Zazzera, Esq. 182 Rose Ave Ste 3 Staten Island, NY 10306-2900 | | legal fee | | \$1,500.00 | | | |
| | greenpath | | credit counseling | | \$50.00 | | | |
| | | your creditors o | d you or anyone else acting on your r to make payments to your creditor d on line 16. | | operty to anyone who | | | |
| | NoYes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | | Description and value of any prop transferred | Date payment transfer was made | or Amount of payment | | | |
| | transferred in the ordinary cou | irse of your busin d transfers made a | s security (such as the granting of a sec | | | | | |
| | Person Who Received Transf Address Person's relationship to you | er | Description and value of property transferred | Describe any property or payments received or deb paid in exchange | Date transfer was made | | | |
| | | | did you transfer any property to a son devices.) | elf-settled trust or similar devi | ce of which you are a | | | |
| | Name of trust | | Description and value of the prop | Date Transfer was made | | | | |

| Deb | otor 1 | Sousa, Tairi | | | | Cas | e number (if knov | vn) | |
|-----|--|--|---------|--|--------------------|-------|--|--------------------|---|
| | | | | | | | | | |
| Par | t 8: | List of Certain Financial Accounts, In | strum | ents, Safe Deposit | Boxes, and Stor | age l | Units | | |
| 20. | Within 1 year before you filed for bankry sold, moved, or transferred? Include checking, savings, money mark houses, pension funds, cooperatives, as No Yes. Fill in the details. | | or oth | er financial accoun | ts; certificates o | | • | , | |
| | Nam | e of Financial Institution and ress (Number, Street, City, State and ZIP | | st 4 digits of count number | Type of accou | int o | Date ac closed, moved transfe | , or | Last balance before closing or transfer |
| 21. | cash, | ou now have, or did you have within 1 or other valuables? | year b | pefore you filed for | bankruptcy, any | safe | e deposit box o | or other deposito | ory for securities, |
| | _ | No Yes. Fill in the details. | | | | | | | |
| | Nam | e of Financial Institution ress (Number, Street, City, State and ZIP Code) | | Who else had acc Address (Number, S and ZIP Code) | | Des | cribe the cont | ents | Do you still have it? |
| 22. | = 1 | you stored property in a storage unit on the storage unit of the s | or pla | ce other than your | home within 1 y | ear b | pefore you filed | d for bankruptcy | ? |
| | | e of Storage Facility ress (Number, Street, City, State and ZIP Code) | | Who else has or h to it? Address (Number, S and ZIP Code) | | Des | cribe the cont | ents | Do you still have it? |
| Par | t 9· | Identify Property You Hold or Control | for S | Someone Fise | | | | | |
| 23. | Do yo | ou hold or control any property that so | | | de any property | you | borrowed fron | n, are storing for | , or hold in trust for |
| | - | er's Name ress (Number, Street, City, State and ZIP Code) | | Where is the prop (Number, Street, City, S Code) | | Des | cribe the prop | erty | Value |
| Par | t 10: | Give Details About Environmental Inf | ormat | • | | | | | |
| For | the pu | rpose of Part 10, the following definition | ons a | pply: | | | | | _ |
| • | toxic | conmental law means any federal, state substances, wastes, or material into the olling the cleanup of these substances | ne air, | , land, soil, surface | | • • | • | • | |
| | Site n | neans any location, facility, or property operate, or utilize it, including disposa | y as d | lefined under any e | nvironmental lav | v, wl | hether you nov | v own, operate, c | or utilize it or used to |
| | Hazaı | rdous material means anything an env | ironm | | s a hazardous w | aste | , hazardous sı | ıbstance, toxic s | ubstance, hazardous |
| Rep | ort all | notices, releases, and proceedings that | at you | ı know about, regar | dless of when th | ney c | occurred. | | |
| 24. | Has a | ny governmental unit notified you tha | t you | may be liable or po | tentially liable u | nder | or in violation | of an environm | ental law? |
| | _ | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | e of site 'ess (Number, Street, City, State and ZIP Code) | | Governmental un Address (Number, S ZIP Code) | | | Environmental know it | law, if you | Date of notice |

| Deb | or 1 | Sousa, Tairi | | Case number (if known) | |
|--|---|--|--|-------------------------------------|------------------|
| | | | | | |
| 5. | Hav | e you notified any governmental unit of | any release of hazardous material? | | |
| | _ | | • | | |
| | - | Yes. Fill in the details. | | | |
| | | | Governmental unit Address (Number, Street, City, State and | Environmental law, if you know it | Date of notice |
| ■ No □ Yes. Fill in the details. Case Title Case Number | | e vou been a party in any judicial or adr | , | nmental law? Include settlements a | nd orders |
| .0. | _ | e you been a party in any judicial or aut | ministrative proceeding under any enviro | minental law: molade settlements a | ilu oruers. |
| | | 1-7 | | | |
| | ບ _າ | | Court or agency | Nature of the case | Status of the |
| | | | Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | case |
| Part | 11: | Give Details About Your Business or | Connections to Any Business | | |
| 27. | Witl | hin 4 years before you filed for bankrupt | cy, did you own a business or have any | of the following connections to any | business? |
| | | ☐ A sole proprietor or self-employed i | in a trade, profession, or other activity, e | ither full-time or part-time | |
| | | ☐ A member of a limited liability comp | pany (LLC) or limited liability partnership | (LLP) | |
| | | ☐ A partner in a partnership | | • | |
| | | ☐ An officer, director, or managing ex | ecutive of a corporation | | |
| | | _ | • | | |
| | Have y No Name Addre Have y No Name Addre Have y No Case Case Have y No Case Case Have y No Case Case No Case Case Cose No Case No | | | | |
| | Bus | •• | | | |
| | | | | Employer Identification number | nr. |
| | Ad | dress | | | |
| | (Nu | mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | |
| | | | tcy, did you give a financial statement to | anyone about your business? Inclu | de all financial |
| | | No | | | |
| | | Yes. Fill in the details below. | | | |
| | | | Date Issued | | |
| | | | | | |
| Part | 12: | Sign Below | | | |
| rue a bank 18 U. | and rup S.C | correct. I understand that making a fals tcy case can result in fines up to \$250,00 . §§ 152, 1341, 1519, and 3571. | e statement, concealing property, or obta | aining money or property by fraud i | |
| Tair | i S | ousa | Signature of Debtor 2 | | |
| Sigr | atu | re of Debtor 1 | | | |
| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Annual State (Case Title) Case Title Case Number Case Title Case Number Case Num | | | | | |
| _ ` | | attach additional pages to Your Stateme | ent of Financial Affairs for Individuals Fili | ng for Bankruptcy (Official Form 10 | 7)? |
| _ | | | | | |
| | | | | | |
| _ ` | | pay or agree to pay someone who is not | t an attorney to help you fill out bankrupt | cy forms? | |
| | | Name of Person . Attach the <i>Bankru</i> | ptcy Petition Preparer's Notice, Declaration. | and Signature (Official Form 119). | |
| | | | • | , | page (|

| Fill in this inform | mation to identify your case: | | Ch | eck one | box only as d | rected in this form and | in Form |
|---|--|---|---------------------------------------|----------------------|------------------------------------|--|-------------------------------------|
| Debtor 1 | Tairi Sousa | | 12: | 2A-1Su | pp: | | |
| Debtor 2 | | | | П₄ты | oro io no propi | imption of abuse | |
| (Spouse, if filing) | | | | _ | | umption of abuse | |
| United States E | Eastern District of Division | f New York, Brook | dyn | а | pplies will be m | o determine if a presur nade under <i>Chapter 7 M</i> cial Form 122A-2). | • |
| Case number (if known) | | | | | | does not apply now bed ut it could apply later. | ause of qualified |
| | | | | ☐ Che | eck if this is a | n amended filing | |
| Official F | orm 122A - 1 | | | | | | |
| Chapter | 7 Statement of Your Cur | rrent Mor | thly Inc | ome | • | | 12/15 |
| a separate sheet number (if knowi military service, | and accurate as possible. If two married people to this form. Include the line number to which the notes of the line number to which the notes of the line statement of the line of the li | he additional infor presumption of abo | mation applies. use because you | On the tu do not | op of any additi have primarily | onal pages, write your r consumer debts or beca | name and case suse of qualifying |
| 1. What is y | our marital and filing status? Check one or | nly. | | | | | |
| ■ Not ma | arried. Fill out Column A, lines 2-11. | | | | | | |
| ☐ Marrie | ed and your spouse is filing with you. Fill ou | ut both Columns | A and B, lines 2 | 2-11. | | | |
| ☐ Marrie | ed and your spouse is NOT filing with you. | You and your s | oouse are: | | | | |
| ☐ Livi | ng in the same household and are not lega | ally separated. Fi | ill out both Colu | ımns A | and B, lines 2- | 11. | |
| per | ng separately or are legally separated. Fill lalty of perjury that you and your spouse are legart for reasons that do not include evading the N | gally separated ur | nder nonbankru | ptcy law | that applies or | | |
| 101(10A). For 6 months, add | erage monthly income that you received from all example, if you are filing on September 15, the 6-n the income for all 6 months and divide the total by rental property, put the income from that property i | nonth period would 6. Fill in the result. | be March 1 throu Do not include ar | igh Augu ny incom | st 31. If the amore to | unt of your monthly incom han once. For example, if | e varied during the |
| | | | | Colum | | Column B Debtor 2 or non-filing spouse | |
| Your grospayroll decompany | ss wages, salary, tips, bonuses, overtime, | and commissior | ns (before all | \$ | 7,683.87 | \$ | |
| 3. Alimony | and maintenance payments. Do not include is filled in. | payments from a | spouse if | \$ | 0.00 | \$ | |
| of you or from an ui roommate | nts from any source which are regularly payour dependents, including child support. married partner, members of your household, es. Include regular contributions from a spous clude payments you listed on line 3 | Include regular of your dependents | contributions , parents, and | n. \$ | 0.00 | \$ | |
| Net incon | ne from operating a business, profession, | | 4 4 | | | | |
| • | | \$ 0.00 | otor 1 | | | | |
| | eipts (before all deductions) | -\$ 0.00 -\$ | | | | | |
| • | and necessary operating expenses nly income from a business, profession, or far | | Copy here -> | \$ | 0.00 | \$ | |
| | ne from rental and other real property | ШФ | оору г | * — | | | |
| J. HELINCON | no nom remai and other real property | Deb | otor 1 | | | | |
| Gross rec | eipts (before all deductions) | \$ 0.00 | | | | | |
| | and necessary operating expenses | -\$ 0.00 | | | | | |
| - | nly income from rental or other real property | \$ 0.00 | Copy here -> | \$ | 0.00 | \$ | |
| 7. Interest, | dividends, and royalties | | | \$ | 0.00 | \$ | |

Official Form 122A-1

| | | | | Column A Debtor 1 | | Column B Debtor 2 o non-filing | | |
|------|--|--|----------|-------------------|-------------|--------------------------------|-----------|-----------------|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | | |
| | Do not enter the amount if you contend that the amount re Social Security Act. Instead, list it here: | ceived was a benefit unde | er the | | | | | |
| | For you\$ | 0.00 | _ | | | | | |
| | For your spouse \$ | | _ | | | | | |
| | Pension or retirement income. Do not include any amounder the Social Security Act. | | | \$ | 0.00 | \$ | | |
| 10. | Income from all other sources not listed above. Specinot include any benefits received under the Social Security a victim of a war crime, a crime against humanity, or interril finecessary, list other sources on a separate page and put | y Act or payments receive national or domestic terror | ed as | • | 0.00 | Φ. | | |
| | · | | - | \$ | 0.00 | Ф | | |
| | | | - | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| 11. | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total | | 57 | 7,683.87 | + | | \$_ | 7,683.87 |
| | | | | | L | | | current monthly |
| Part | 2: Determine Whether the Means Test Applies to | You | | | | | incom | e |
| 12. | Calculate your current monthly income for the year. | Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line 1 | 1 | | Сору | line 11 h | ere=> | \$ | 7,683.87 |
| | Multiply by 12 (the number of months in a year) | | | | | | X | 12 |
| | 12b. The result is your annual income for this part of the f | orm | | | | 12b | o. \$ | 92,206.44 |
| 13. | Calculate the median family income that applies to ye | ou. Follow these steps: | | | | | | |
| | Fill in the state in which you live. | NY | | | | | | |
| | Fill in the number of people in your household. | 2 | | | | | | |
| | Fill in the median family income for your state and size of | *************************************** | | | | 13. | \$ | 68,087.00 |
| | To find a list of applicable median income amounts, go of form. This list may also be available at the bankruptcy of | | ified in | the separate | e instructi | ons for this | | |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. | n the top of page 1, check | obox 1 | T,here is no p | resumptic | on of abuse. | | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | f page 1, check box 2\(\bar{t}\)he | presu | mption of abu | use is dete | ermined by Fo | orm 122A | -2. |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury the | at the information on this | statem | nent and in an | y attachm | ents is true a | nd correc | t. |
| | X /s/ Tairi Sousa | | | | | | | |
| | Tairi Sousa Signature of Debtor 1 | | | | | | | |
| | Date October 25, 2018 | | | | | | | |
| | MM / DD / YYYY | | | | | | | |
| | If you checked line 14a, do NOT fill out or file Form | 122A-2. | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and fil | e it with this form. | | | | | | |

Sousa, Tairi

Debtor 1

| Fill in this information to identify your case: | Check the appropriate box as directed in | | | | |
|---|---|--|--|--|--|
| Debtor 1 Tairi Sousa | lines 40 or 42: | | | | |
| Debtor 2 (Spouse, if filing) | According to the calculations required by this Statement: | | | | |
| United States Bankruptcy Court for the: Eastern District of New York, Brooklyn Division | ■ 1. There is no presumption of abuse. | | | | |
| Case number (if known) | ☐ 2. There is a presumption of abuse. | | | | |
| (In Month) | ☐ Check if this is an amended filing | | | | |
| Official Form 122A - 2 | | | | | |
| Chapter 7 Means Test Calculation | 04/16 | | | | |
| Be as complete and accurate as possible. If two married people are filing togetlis needed, attach a separate sheet to this form, include the line number to which write your name and case number (if known). Part 1: Determine Your Adjusted Income | | | | | |
| Copy your total current monthly incomeCopy line 11 fromCopy line 11 from | om Official Form 122A-1 here=> \$ 7,683.87 | | | | |
| 2. Did you fill out Column B in Part 1 of Form 122A-1? | | | | | |
| ■ No. Fill in \$0 for the total on line 3. | | | | | |
| ☐ Yes. Is your spouse Filing with you? | | | | | |
| □ No. Go to line 3. | | | | | |
| ☐ Yes. Fill in \$0 the total on line 3. | | | | | |
| Adjust your current monthly income by subtracting any part of your spot household expenses of you or your dependents. Follow these steps: | use's income not used to pay for the | | | | |
| On line 11, Column B of Form 122A-1, was any amount of the income you report you or your dependents? | rted for your spouse NOT regularly used for the household expenses of | | | | |
| ■ No. Fill in 0 for the total on line 3. | | | | | |
| ☐ Yes. Fill in the information below: | | | | | |
| State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. | Fill in the amount you are subtracting from your spouse's income | | | | |
| | \$ | | | | |
| | \$ | | | | |
| | \$ | | | | |
| Total | \$ 0.00 | | | | |
| Total | Copy total here=> \$ 0.00 | | | | |
| | | | | | |
| 4. Adjust your current monthly income. Subtract line 3 from line 1. | \$ | | | | |

Official Form 122A-2

| art 2 | Calculate Your De | ductions from Your Income | | | | |
|---------------------------------|--|---|--|---|--|--------|
| ans | wer the questions in lin | ice (IRS) issues National and I es 6-15. To find the IRS stand ion may also be available at t | ards, go online usin | g the link specified | | |
| actu | al expenses if they are hi | set out in lines 6-15 regardless gher than the standards. Do not ing expenses that you subtracted | deduct any amounts t | hat you subtracted fro | your spouse's income in line | |
| If yo | our expenses differ from n | nonth to month, enter the average | e expense. | | | |
| Whe | enever this part of the fror | m refers to <i>you,</i> it means both yo | ou and your spouse if | Column B of Form 1 | 22A-1 is filled in. | |
| 5. | The number of people | used in determining your dec | ductions from incom | ne | | |
| | | ple who could be claimed as exe I dependents whom you support d. | | | | |
| Nati | ional Standards | You must use the IRS Nation | al Standards to answ | er the questions in lin | nes 6-7. | |
| 6.7. | Gut-of-pocket health of the dollar amount for our people who are 65 or old | her items: Using the number of for food, clothing, and other items: are allowance: Using the number-of-pocket health care. The number-because older people have a sount, you may deduct the addit | ns. per of people you ent ber of people is split i higher IRS allowance | ered in line 5 and the nto two categoriespe e for health care costs | \$ IRS National Standards, fill cople who are under 65 and | |
| Peo | ple who are under 65 ye | ears of age | | | | |
| | 7a. Out-of-pocket heal | th care allowance per person | \$52 | - | | |
| | 7b. Number of people | who are under 65 | X2 | | | |
| | 7c. Subtotal. Multiply | line 7a by line 7b. | \$104.00 | Copy here | => \$104.00 | |
| Peo | ple who are 65 years of | age or older | | | | |
| | 7d. Out-of-pocket heal | th care allowance per person | \$114 | - | | |
| | 7e. Number of people | who are 65 or older | xo | | | |
| | 7f. Subtotal. Multiply | line 7d by line 7e. | \$ | Copy here | e=> +\$ <u>0.00</u> | |
| | 7g. T otal. Add line 7c | and line 7f | | \$104.00 | Copy total here=> \$ | 104.00 |
| | | | | | | |

Debtor 1 Sousa, Tairi

| ebtor 1 | _5 | Sousa, Tairi | | _ | Case number | (if known) | | | |
|---------|--|---|--------------|--------------------|----------------|--------------|----------------|---------------------------------|--------|
| Loca | al St | andards You must use the IRS Local Standards to a | answer the | questions in line | es 8-15. | | | | |
| | | on information from the IRS, the U.S. Trustee Progra es into two parts: | m has divi | ided the IRS Lo | cal Standar | d for hous | ing for bank | ruptcy | |
| ■н | lous | sing and utilities - Insurance and operating expenses | 3 | | | | | | |
| ■ н | lous | sing and utilities - Mortgage or rent expenses | | | | | | | |
| To a | nsw | ver the questions in lines 8-9, use the U.S. Trustee P | rogram ch | art. | | | | | |
| | | he chart, go online using the link specified in the separa irt may also be available at the bankruptcy clerk's office. | ate instruct | ions for this form | 1. | | | | |
| 8. | | using and utilities - Insurance and operating expens dollar amount listed for your county for insurance and op | | | | | e 5, fill in | | 710.00 |
| 9. | Ηοι | using and utilities - Mortgage or rent expenses: | | | | | | | |
| | 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses | | | | | | | | |
| | 9b. Total average monthly payment for all mortgages and other debts secured by your home. | | | | | | | | |
| | To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. | | | | | | | | |
| | Name of the creditor | | | ge monthly ent | | | | | |
| | | Ocwen Loan servicing | \$ | 1,767.00 | | | | | |
| | | | | | | | | | |
| | | Total average monthly payment | \$ | 1,767.00 | Copy here=> | -\$ | 1,767.00 | Repeat this amount on line 33a. | |
| | 9c. | Net mortgage or rent expense. | | | J | | | | |
| | | Subtract line 9b (total average monthly paymen) from rent expense). If this amount is less than \$0, enter \$0 | | | \$ | 197. | 00 Copy | > \$ | 197.00 |
| 10. | | ou claim that the U.S. Trustee Program's division of ects the calculation of your monthly expenses, fill in | | | | is incorre | ct and | \$ | 0.00 |
| | Ex | κplain why: | | | | | | | |
| 11. | Loc | cal transportation expenses: Check the number of veh | icles for wl | nich you claim ar | ownership | or operatino | g expense. | | |
| | | 0. Go to line 14. | | | | | | | |
| | • | 1. Go to line 12. | | | | | | | |
| | | 2 or more. Go to line 12. | | | | | | | |
| | | | | | | | | | |
| 12. | | nicle operation expense: Using the IRS Local Standar renses, fill in the Operating Costs that apply for your Cen | | | | | n the operatir | s | 304.00 |

| Debtor 1 | Sous | sa, Tairi | | | Ca | se number | (if known) | | |
|----------|---------------------|---|--|-----------------------|-------|--------------------------|-----------------------------------|--|--------|
| 13. | | claim the expense if you | pense: Using the IRS Local s do not make any loan or leas | | | | | | |
| Vel | hicle 1 | Describe Vehicle 1: | , | | | | | | |
| 13a. | Ownersl | nip or leasing costs usin | g IRS Local Standard | | | \$ | 497.00 | | |
| 13b. | Ū | monthly payment for all onclude costs for leased ve | lebts secured by Vehicle 1. Phicles. | | | | | | |
| | contracti | | y payment here and on line I creditor in the 60 months af | | | e | | | |
| | Na | me of each creditor for | Vehicle 1 | Average month payment | hly | | | | |
| | Nis | ssan Motor Accepta | nce Corp | \$ 300 | 6.00 | | | | |
| | | Total A | verage Monthly Payment | \$ | ~ ~~ | Copy nere => | -\$306 | Repeat this amount on line 33b. | |
| 13c. | | icle 1 ownership or lease line 13b from line 13a. i | expense f this amount is less than \$0 | , enter \$0 | | \$ | 191.00 | Copy net Vehicle 1 expense here => \$ | 191.00 |
| Vel | hicle 2 | Describe Vehicle 2: | | | | | | | |
| 13d. | Ownersl | nip or leasing costs using | g IRS Local Standard | | | \$ | 0.00 | | |
| 13e. | Average leased v | | lebts secured by Vehicle 2. [| Oo not include cost | s for | | | | |
| | Na | me of each creditor for | Vehicle 2 | Average month payment | hly | | | | |
| | | | | _ \$ | | | | | |
| | | Total A | verage Monthly Payment | \$ | h | Copy nere => -\$ _ | 0.0 | Repeat this amount on line 33c. | |
| 13f. | | icle 2 ownership or lease is line 13e from line 13d. i | expense f this amount is less than \$0 | , enter \$0 | | \$ | 0.00 | Copy net Vehicle 2 expense here => \$ | 0.00 |
| 14. | | | If you claimed 0 vehicles in e regardless of whether you | | | I Standa | rds, fill in th <i>Eul</i> | | 0.00 |
| 15. | deduct a | public transportation exp | n expense: If you claimed 1 pense, you may fill in what yourd for Public Transportation. | | | | | | 0.00 |

Debtor 1 Sousa, Tairi Case number (if known)

| Oth | er Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. | | |
|-----|--|-----|----------|
| 16. | Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. | | |
| | Do not include real estate, sales, or use taxes. | \$ | 2,227.11 |
| 17. | Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. | | |
| | Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 768.39 |
| 18. | Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | \$ | 0.00 |
| 19. | Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. | | |
| | Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total monthly amount that you pay for education that is either required: | | |
| | as a condition for your job, or | | |
| | for your physically or mentally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | | |
| | Do not include payments for any elementary or secondary school education. | \$ | 0.00 |
| 22. | Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. | | |
| | Payments for health insurance or health savings accounts should be listed only in line 25. | \$ | 0.00 |
| 23. | Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. | | |
| | Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. | +\$ | 0.00 |
| 24. | Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. | \$ | 5,703.50 |

Sousa, Tairi Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 57.98 Disability insurance 0.00 0.00 Health savings account 57.98 57.98 Total Copy total here=> Do you actually spend this total amount? П No. How much do you actually spend? \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include 0.00 contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount 0.00 claimed is reasonable and necessary. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. 0.00 * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 0.00 You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial 0.00 instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). 57.98 32. Add all of the additional expense deductions. Add lines 25 through 31.

Debtor 1

| | tions for Debt Payment | | | | | | |
|-------|--|---|----------|---------------|-------------------------------|-----------------|----------------------|
| | r debts that are secured by an intered other secured debt, fill in lines 33a | est in property that you own, including hom a through 33e. | e mort | tgages, vehic | cle loans | , | |
| То | | ment, add all amounts that are contractually du | e to ead | ch secured cr | editor in | | |
| | Mortgages on your home: | | | | | | verage monthly yment |
| 3a. | Copy line 9b here | | | | => | \$ | 1,767.00 |
| | Loans on your first two vehicles: | | | | | | |
| 3b. | Copy line 13b here | | | | => | . \$ | 306.00 |
| 3c. | | | | | | \$ | 0.00 |
| 3d. | List other secured debts: | | | | | _ | |
| ame o | f each creditor for other secured debt | Identify property that secures the debt | | | payment e taxes or nce? | | |
| | | | | | No | | |
| | NONE- | | | _ | Yes | œ. | |
| _ | | _ | | | 165 | \$ _ | |
| | | | | | No | | |
| | | | | | Yes | \$ | |
| _ | | | | | | _ | |
| | | | | | No | | |
| _ | | | | _ □ | Yes | +\$ _ | |
| | | | | | | Conv | |
| 20 - | Fotal avarage monthly navment Add I | ingg 22g through 22d | \$ | 2,07 | 3 00 | Copy total | \$ 2,073.00 |
| Je. | Fotal average monthly payment. Add I | illes 33a tillough 33u | Ψ. | 2,07 | 3.00 | here=> | \$ 2,073.00 |
| | | secured by your primary residence, a vehi | cle, or | | | | |
| | No. Go to line 35. | | | | | | |
| | | st pay to a creditor, in addition to the payment your property (called the cure amount). Next, div low. | | lin | | | |
| Name | of the creditor | Identify property that secures the debt | | Total cur | е | | Monthly cure amount |
| ·NOI | NE- | | | \$ | ÷ | 50 = \$ | |
| | | | | | | | |
| | | | | | | Сору | |
| | | Т | otal \$ | | 0.00 | total here=> | \$ 0. |
| | | | | | | | |
| | | s a priority tax, child support, or alimony - ur bankruptcy case? 11 U.S.C. § 507. | that | | | | |
| | past due as of the filing date of you | | | | | | |
| | No. Go to line 36. | | | | | | |
| are | No. Go to line 36. | these priority claims. Do not include current o | r ongoi | ng | | | |

Debtor 1 Sousa, Tairi

| Debtor 1 | Sou | sa, Tairi | | Cas | e number (<i>if knowr</i> | n) | | |
|----------------|----------------|---|----------------|-----------------------------|----------------------------|----------------|--------------|----------|
| F | or more | eligible to file a case under Chapter 13? 11 U.S.0 information, go online using the link fo <i>Bankruptcy</i> ns for this form. <i>Bankruptcy Basics</i> may also be ava | Basics speci | | | | | |
| | No. | Go to line 37. | | | | | | |
| | | Fill in the following information. | | | | | | |
| | | Projected monthly plan payment if you were filing u | ınder Chapte | r 13 | \$ | | | |
| | | Current multiplier for your district as stated on the li Administrative Office of the United States Courts and North Carolina) or by the Executive Office for United States Courts all other districts). | (for districts | in Alabama Trustees (for | х | | | |
| | | To find a list of district multipliers that includes you link specified in the separate instructions for this feavailable at the bankruptcy clerk's office. | | | | Co | py total | |
| | | Average monthly administrative expense if you were | e filing under | Chapter 13 | \$ | he | re=> \$ | |
| | | of the deductions for debt payment. s 33e through 36. | | | | | \$ | 2,073.00 |
| Total | Deduc | tions from Income | | | | | | |
| 38. A | dd all o | f the allowed deductions. | | | | | | |
| | | ne 24,All of the expenses allowed under IRS e allowances | \$ | 5,703.50 | <u> </u> | | | |
| (| Copy lin | ne 32,All of the additional expense deductions | | 57.98 | - | | | |
| (| Copy lin | ne 37,All of the deductions for debt payment | +\$ | 2,073.00 | | | | |
| | | Total deduction | ons \$_ | 7,834.48 | Copy total | here | => \$ | 7,834.48 |
| Part 3: | Det | ermine Whether There is a Presumption of Abus | se | | | | | |
| 39. C | alculate | e monthly disposable income for 60 months | | | | | | |
| | | py line 4, adjusted current monthly income | \$ | 7,683.87 | | | | |
| ; | 39b. Co | py line 38,Total deductions | - \$ _ | 7,834.48 | _ | | | |
| ; | | onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a | \$_ | 0.00 | Copy here=>\$ | | 0.00 | |
| I | For the i | next 60 months (5 years) | | | | x 60 | | |
| ; | 39d. To | tal. Multiply line 39c by 60 | | \$ | 0.00 | Copy here=> | \$ | 0.00 |
| 40. F i | ind out | whether there is a presumption of abuse. Check | k the box tha | t applies: | | J | | |
| | The | ine 39d is less than \$7,700*. On the top of page 1 | of this form | check box 1 There | is no presumi | otion of abu | se. Go to Pa | rt 5. |
| _ |] The I | ine 39d is more than \$12,850*. On the top of page | | | | | | |
| _ | _ • | claim special circumstances. Go to Part 5. | | | | | | |
| | | ine 39d is at least \$7,700*, but not more than \$12 | • | | | | | |
| *5 | Subject t | to adjustment on 4/01/19, and every 3 years after tha | at for cases f | iled on or after the o | date of adjustm | ent. | | |

| ebtor 1 | Sousa, Tairi | | Case number (if known) | | | |
|---------|--------------|--|---|--|--|--|
| 41. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If you filled out Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. | at <i>A</i> 41a. \$ X .25 | | | |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(l) Multiply line 41a by 0.25 | | | | |
| of | your ι | ne whether the income you have left over after subtracting all allowed dedi unsecured, nonpriority debt. e box that applies: | | | | |
| | | 39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>There</i> part 5. | e is no presumption of abuse. | | | |
| | | 39d is equal to or more than line 41b. On the top of page 1 of this form, check e. You may fill out Part 4 if you claim special circumstances. Then go to Part 5. | | | | |
| rt 4: | Giv | ve Details About Special Circumstances | | | | |
| _ | es. Fil | o to Part 5. I in the following information. All figures should reflect your average monthly expersulation was included to the expense of the control of th | ense or income adjustment for each item. | | | |
| | ne | You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments. | | | | |
| | G | Sive a detailed explanation of the special circumstances | Average monthly expense or income adjustment | | | |
| | | | \$ | | | |
| | _ | | \$ | | | |
| | _ | | \$ | | | |
| | _ | | \$ | | | |
| rt 5: | Sia | ın Below | | | | |
| | • | gning here, I declare under penalty of perjury that the information on this statemer | ent and in any attachments is true and correct. | | | |
| | X /s/ | / Tairi Sousa | | | | |
| | Ta | gnature of Debtor 1 | | | | |
| Da | | ctober 25, 2018 | | | | |
| | | M/DD/YYYY | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York, Brooklyn Division

| In re | Sousa, Tairi | a of New Tork, Brookly | Case No. | | | | |
|-------------|---|--|---------------------|------------------------------------|--|--|--|
| | • | Debtor(s) | Chapter | 7 | | | |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR I | DEBTOR | | | |
| c | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | | |
| | For legal services, I have agreed to accept | | \$ | 1,500.00 | | | |
| | Prior to the filing of this statement I have received | | | 1,500.00 | | | |
| | Balance Due | | \$ | 0.00 | | | |
| 2. T | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 3. T | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. I | I have not agreed to share the above-disclosed comper firm. | ensation with any other person | unless they are men | mbers and associates of my law | | | |
| [| ☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name | | | | | | |
| 5. I | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| b c | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor [Other provisions as needed] | ment of affairs and plan which | n may be required; | | | | |
| 6. E | sy agreement with the debtor(s), the above-disclosed fee | does not include the following | g service: | | | | |
| | | CERTIFICATION | | | | | |
| | certify that the foregoing is a complete statement of any unkruptcy proceeding. | agreement or arrangement fo | r payment to me for | representation of the debtor(s) in | | | |
| 0 | ctober 25, 2018 | /s/ Kevin Zazzera | | | | | |
| Do | ite | Kevin Zazzera Signature of Attorne Kevin B. Zazzera, | | | | | |
| | | 182 Rose Ave Ste Staten Island, NY | | | | | |
| | | kzazz007@yahoo | .com | | | | |
| | | Name of law firm | | | | | |